

Complainant Information (Your contact information is not required but helpful if we have questions.)

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ ZIP: _____ Phone #: _____

E-Mail: _____ Preferred Contact Method: _____

Violation Information

Violation Date: _____ Violation Time: _____ AM PM

Business Name: _____ Business City: _____

Business Address: _____ Business ZIP: _____

Violation(s) Observed: ☐ Smoking Observed in Prohibited Areas ☐ Evidence of Smoking in Prohibited Areas
☐ Ashtray(s) Present ☐ Signs Not Posted
☐ Improper Signage ☐ Smoke Infiltrating Areas Where Prohibited
☐ Other (Explain in Comments) ☐ Improper Notification of Violation

Location of Violation(s): _____

(examples include: bar area, restroom, dining area, vehicle, hallway, etc.)

Comments: _____

